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AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 09G087	ER/CLIA MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS CITY	STATE, ZIP CODE	06/ <u>2</u>	7/2007
symera			722 "L" ST WASHING	FREET. NE	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	C(1))	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	V SHOULD BE	(X5) COMPLETE DATE
A re-licensure survey was conducted from Jur		ım June	1 000		10	HE ALL	
	26, 2007 through J sample of two residential populati retardation and oth the survey were ba interviews with resi	lune 27, 2007. A rand dents was selected from of two males with ler disabilities. The finated on observations, idents, one parent, street and administrative	dom om a mental Idings of			25 17 336	HEREGULATION INISTRATION
	3509.3 PERSONN		}	.1 203			
Each supervisor shall discuss the contents of jo descriptions with each employee at the beginning employment and at least annually thereafter.  This Statute is not met as evidenced by:		beginning after.		L203 -3509.3 Employees updated Job Descriptions have QMRP/Facility Management will ensure it all employees' review their job description and upon hire. Personnel records will be r Updated by the Program Director in conju	at documentation of on an annual basis, naintained and	7/16/07- Ongoing	
Based of GHMRP supervise descript	GHMRP failed to presume supervisor discussed descriptions with each of the supervisor of the superviso	r and record review, to rovide evidence that to ed the contents of job ach employse at the to at and annually therea	the Decimals				•
ļ	The finding include:						
	Professional and re personnel files on J revealed the GHMP that eight staff and of their job descript	Qualified Mental Retar eview of the GHMRP's June 27, 2007 at 5:58 RP failed to provide en three nurses had the lons discussed with the eir employment and/o	s PM vidence contents				
	3509.6 PERSONNE			1 206	L206 - 3509.6 See response on the next page (#2).		
	annually thereafter, certification that a h	or to employment and shall provide a physic lealth inventory has b	cian ' e				
.2.7	tion Administration	une of		· · ·	TITLE	<u>.                                    </u>	· · · · · · · · · · · · · · · · · · ·
DRATORY	DIRECTOR'S OR PROVID	ERVSUPPLIER REPRESENT	TATIVE'S SIGNA	TURE	C ED	(	XS) DATE

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Health Regulation Administration

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		09G087		B. WING _		uelo.	7/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, 6	STATE, ZIP CODE	00/2	12001
SYMBRA	sL			TREET, NE STON, DC 20002			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE	
1 206	6 Continued From page 1			1 206			
	performed and that the employee 's health status would allow him or her to perform the required duties.				L206 - 3509.6  The health certificates for all staff and consultants hobtained. Program Director/Human Resources will health certifications are updated annually for each stand maintained in the personnel records. Staff/cons	ensure that all aff consultant	7/20/07-ongoing
	Based on interview GHMRP failed to e prior to employmen provided evidence that documented a performed and that	e Statute is not met as evidenced by: sed on interview and record review, the MRP failed to ensure that each employee, or to employment and annually thereafter, vided evidence of a physician's certification t documented a health inventory had been formed and that the employee's health status ald allow him or her to perform the required ies.			notified of the need to submit a current health certificate within 60-days of the current one's expiration.		
	Professional and re personnel files on . revealed the GHMI	Qualified Mental Reta eview of the GHMRP June 27, 2007 at 6:58 RP failed to provide e certificates were on f	s 3 PM :vidence				
l 274	Each GHMRP shat agency 's inspection administrative recording to Signed agreem professional service. This Statute is not Based on record representably Retarded	ents or contracts for	uthorized bilowing  y: ne for the	I 274	L274 –3513.1  See response to L274-3513.1 on the next page (#3)	).	

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STATEMEN	IT OF DEFICIENCIES	1				<del></del>		
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER;	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				B. WING				
NAME OF S	PROVIDER OR SUPPLIER	09G087		06/27/24				
IAWAIE OF E	KOVIDER OK SUPPLIER				STATE, ZIP CODE			
SYMBRA			WA5HING	TREET, NE TON, DC	: 20002			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF CORRECT	TION		
TAG	DEMINISTRATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	HIDRE	(X5) COMPLETE DATE	
1 274	74 Continued From page 2			l 274				
	The finding includes:			-, ·	L274 -3513.1  The contracts for the physical therapist and the psychiatrist have been obtained and are on file in the personnel records. Program Director/Human Resources will ensure that the consultant		7/20/07- Ongoing	
	Interview with the Qualified Mental Retardation Professional (QMRP) and review of the personnel records on June 27, 2007 at 7:30 PM revealed the GHMRP failed to have contract on file for the				contracts are up to date and maintained on file.			
	rue buasicai merabi	st and the psychiatris	≆t.					
1 379	3519.10 EMERGEN	ICIES		1 379				
	In addition to the repeach GHMRP shall Health, Health Facili unusual incident or interferes with a resident; well by places the resident; be made by telephorollowed up by writte twenty-four (24) hou	notify the Departmer ities Division of any of event which substantident 's health, welfaeing or in any other that risk. Such notification within notification within	nt of other tially are, living way tion shall shall be		1.379 – 3519.5 Cross reference response to Federal Deficiency rep W149 1a & b. Cross reference response to W153.		7/31/07-ongong	
	This Statute is not repaired on interview a GHMRP failed to enter Health, Health Facili unusual incidents the a resident's health, for (Residents #2) includents	and record review, the sure the Department lities Division was no at substantially interf or one of the two res	t of tified of ered with					
	The finding includes:	:						
	<ol> <li>Review of the GH 26, 2007 at 10:45 AN incidents were not re Health as required:</li> </ol>	VI revealed the follow	ก็กก	ļ				
}	January 2, 2007 Sta	iff reported that Resi	dent#2					

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Health F	equiation Administra	ation				FURM	ALLKOVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI 09G087	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE S COMPLE	ETED :
NAME OF P	ROVIDER OR SUPPLIER	1 0000	STREET AD	Naces cov.	STATE, ZIP CODE	06/2	7/2007
SYMBRA			722 "L" S	TREET, NE STON, DC 2			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION SHOULD BE CORRECTIVE APPROPRIATE DEFICIENCY)		
1379	Continued From pa	ige 3		1 379	, , , , , , , , , , , , , , , , , , , ,		
	had two seizures. Continued review of the incident report revealed the resident was taken to the emergency room for evaluation.				L379 – 3519.5 See response to L379-3519.5 on preceding page	(#3).	
	multiple seizure. T the emergency roo	eported that Resider he resident was trans m and was admitted arged on April 13, 20	sported to and then				
	provide evidence ()	urvey, the GHMRP fa nat the aforementions orted to the Departme	ed 1				
	2. (See also Feder W149 and W153)	ral Deficiency Report	Citations				
l 391	3520.2(a) PROFES PROVISIONS	SSION SERVICES: G	ENERAL	391	L391-3520.2		
	professional staff to necessary professi accordance with the individual habilitation necessary by the in professional service limited to, those se trained, qualified, a	I have available quality ocarry out and monity on all interventions, in a goals and objective on plan, as determine terdisciplinary team, as may include, but no recess provided by include the incensed as required law in the following a of services:	or s of every d to be The of be dividuals		The current license for the agencies Pharmacist I obtained and filed in the personnel record. Progr Director/fiuman Resources will ensure that profe licenses are up to date and maintained on file.	am,	7/11/07- Ongoing
	(a) Medicine;						
	Based on record re provide evidence or secured by the grou interventions, in acc	met as evidenced by view, the GHMRP fa flicensed profession up home to monitor cordance with the goindividual habilitation	ijed to al staff als and		·		

Health Regulation Administration

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STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	A, BUILDI		(X3) DATE SURVEY COMPLETED		
		09G087		B. WING		0.5	******	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	STATE, ZIP CODE	) 06/2	27/2007	
SYMBRA	AL		722 "L" 5	STREET, NE IGTON, DC 20002				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	3	ID	PROVIDER'S PLAN OF CORRECT			
PREFIX	REGULATORY OR L	Y MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	FULL TION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APPR DEFICIENCY)	RECTIVE ACTION SHOULD BE CO RENCED TO THE APPROPRIATE		
1391	Continued From pa	ige 4		391				
	The finding includes:  Interview with the Qualified Mental Retardation Professional (QMRP) and review of the personnel records on June 27, 2007 at 7:30 PM revealed the GHMRP falled to provide evidence of a current license on file for pharmacist.			·	L391-3520.2 See response to L391-3520.2 on preceding page	e (#4).		
J 424	3521.5(a) HABILITA	ATION AND TRAININ	G	1 424				
	Each GHMRP shall make modifications to the resident 's program at least every six (6) months or when the client:			L424 – 3521.5  QMRP will review the progress on all goals and obmonthly basis and revise/modify individual program on the Client's progress.		7/31/07- Ongoing		
	(a) Has successfully objectives identified Plan;	y completed an object in the Individual Hab	tive or ilitation					
	GHMRP failed to en made at least every	met as evidenced by: and record review, th Isure program revision six months or when a y completed the object	e. ns were					
	The finding includes	i:						
	(See Federal Deficie	ency Report-Citation (	N255)			i.	 	
I	3522.4 MEDICATIO			1473				
į	The Residence Dire irregularities in the nather the prescribing physical p	esident 's drug regim	ens to		L473 – 3522.4 See response to L473-3522.4 on the next page (#6).		:	
	Based on observation review, the GHMRP the Residence Direction.	net as evidenced by; on, interview, and reco failed to provide evid tor reported irregulari	ence !					
ealth Regula	tion Administration							

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Health Regulation Administration

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		D9G087		8. WING_		06/2	7/2007		
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DDRESS, CITY, STATE, ZIF CODE					
SYMBRA	<u>.</u>			STREET, NE STON, DC 20002					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ACTION SHOULD BE COMPLET TO THE APPROPRIATE DATE			
1 473	Continued From pa	ge 5	-	I 473					
	the residents' drug regimens to the prescribing physician.  The finding includes:			:	L473 – 3522.4 continued Cross reference response to Federal Deficiency is citations W149 1a & b. Cross reference respons		7/31/07-ongong		
	(See Federal Defici and W369)	ency Report Citation	ıs W149						
1 500	3523.1 RESIDENT	S RIGHTS		1500					
	Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.				L500 – 3523.1 Cross reference response to Federal Deficiency re W122, W124 and W263	eport citations			
	This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the protections of each clients rights. The findings include:								
	(See Federal Defici W124, and W263)	ency Report Citation	is W122,						
Hoolik Pare	ation Administration								

DEPAR CENTE	TMENT OF HEALTH	I AND HUMAN SERVICES  & MEDICAID SERVICES		•	P	RINTED: 07/10/2007 FORM APPROVED	
STATEMEN'	T OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) Mili	LTIPLE CONSTRUCTION	i ·	MB NO. 0938-0391	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A BUIL		Į(X)	(X3) DATE SURVEY COMPLETED	
		09 <b>G</b> 087	B. WING				
NAME OF F	ROVIDER OR SUPPLIER	<del></del> -		TREET ADDRESS, CITY,	STATE ZIP CODE	06/27/2007	
SYMBRA	<b>L</b>		-	722 "L" STREET, NE	•		
(X4).ID	SUMMARY STA	TEMENT OF DEFICIENCIES		WASHINGTON, DC			
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFAX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CCTIVE ACTION SHOULD NCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 000	INITIAL COMMENT	េទ	W DO	0			
W 104	fundamental survey observations and in the area of Client P 2007 the survey wa A random sample of from a residential presental retardation a findings of the survey observations, intervistaff, and the review records including in A determination was to be in compliance Participation in Clien 483.410(a)(1) GOVI	lews with clients, one parent, or of client and administrative cldent reports.  s made that the facility falled with the Condition of nt Protections.	<b>W</b> 10	W104 1-2. Reference respons	se to W149.	7/31/07	
	This STANDARD is not met as evidenced by: Based on interview and record review, the facility's Governing Body failed to monitor and revise its operation policies as needed.  The findings include:  1. The Governing Body falled to ensure its incident management policy had been implemented and/or operations coincided with the						
	federal requirements  2. The Governing B	s. [VV149] ody failed to ensure its					
BORATORY	PIRECTOR'S OR PROVIDE	COY Falled to ensure its	OTUM÷				
		- The second in	A I UKE	, TITLE	<del></del>	(X8) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		09G087	≘" Avit	بة	,	06/2	7/2007
NAME OF P	ROVIDER OR SUPPLIER			72	EET ADDRESS, CITY, STATE, ZIF CODE 12 "L" STREET, NE (ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES: Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		JULD BE	(XE) COMPLETION DATE
W 104 W 120	"Incident Managerr "Management of Pl were followed when administered outsid [W149] 483.410(d)(3) SER	nent Policy" and its harmaceutical Preparation" medications were de control the specified timeframe.  VICES PROVIDED WITH		104			·
	OUTSIDE SOURCE The facility must as meet the needs of	ssure that outside services			W120  The QMRP has met with the Day Program to dis #1's schedule of activities while at the Day Program Coordinator will develop a daily schedulactivities/outings for Client #1.	am. The Day	7/16/07- Ongoing
	Based on observat review, the facility to	is not met as evidenced by: don, interview and record falled to ensure outside seds of one of the two clients I in the sample.			·		
	The finding include						
	27, 2007 at 11:35 / at the program. In program aide reve the work crew. Will work crew went the he/she was unawa interview was concoordinator to asceprogram coordinator revealed the client Continued interview shortly.	ent #1's day program on June AM revealed the client was not terview with the client's aled that the client was out with the queried as to where the estaff member revealed that are of the client's location. It is client #1's location. The or responded and also is location was unknown, we with the program coordinator of #1 was scheduled to return					
	ald that revealed the several formal pro-	vas conducted with the program ne client was participating with gram objectives. The program d around gaining skills in					

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		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	: 07/10/2007   APPROVED : 0938-0391
	TOP DEFICIENCIES OF CORRECTION	(XI) PROVIDER SUPPLIER CLA IDENTIFICATION NUMBER:	(X2) MU A, BUILL	LTIPLE CONSTRUCTION	(X3) DATE S	URVEY
-		09G087	a. Wind	<u></u>	06/2	7/2007
NAME OF F	KONDEK OR SURPLIER.			THEET ADDRESS, CITY, STATE, ZIP CODE 722 "L" STREET, NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SC IDENTIFYING INFORMATION) MITST BE EMECEDED BY FUIL TEMENT OF DEBICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH EGRRECTIVE ACTION SHO CROSS-REFERENCED TO THE AFFR DEFICIENCY)	JLD DE	(XS) COMPLETION DATE
W 120	compliance with tas record review revea participating with the August 2006. The Interviewed at 12:10 reparties. The protestion regions with his program coordinate data collection records and the data at the time of the suinformation in Client how the client was a program objectives.	it, learning personal tion skills, clearning skills, and ks. Confinued interview and led the client had been a same objectives since program coordinator was PM to ascertain information a success with his program coordinator revealed airding how the client was an objectives was sent to the revealed that Client #1's of was purged on a monthly collection sheets were thrown was calculated. Additionally, rvey, there was no #1's record that revealed loing with his established.	W 12	W120 continued  QMRP met with Day Program on 7/11/07 at to establish a plan of action for maintaining of all recorded data for Client #1. Day Program on maintain all recorded documentation in Crecord and send a copy of the data collection Residential program monthly in addition to a progress report on all program goals and obj Verification of this discussion along with su signature sheets is maintained in Client #1's record.	rand copies ram agreed licent#1's to the Quarterly ectives pporting residential	7/16/07
- 	Based on Interview a fails to establish an ensured each clients W149), failed to ensure a immediately reto the Department of State law, (See W15 Investigate required falled to provide evide protected from further	not met as evidenced by: and record review the facility and record review the facility and record review the facility dor implement policies that by health and safety (See ure all allegations of abuse ported to the administrator or Health in accordance with 3); failed to thoroughly incidents (See W154); and lence that clients were ar potential abuse while an was investigated (W155).				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		D9G087	B, WING		· · · · · · · · · · · · · · · · · · ·		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE. 722 "L" STREET, NE WASHINGTON, DC 20002				
(X4) ID Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(XE) QOMPLETION DATE	
W 122	The effects of the	se systemic practices results in acility to protect its clients and to	W 122				
W 124	483,420(a)(2) PRORIGHTS  The facility must enough the facility must en	OTECTION OF CLIENTS  Insure the rights of all clients, lity must inform each client.	W 124	W124			
	parent (if the client is a minor), or legal guard of the client's medical condition, development and behavioral status, attendant risks of treatment, and of the right to refuse treatment.	t is a mînor), or legal guardian, ical condition, developmental atus, attendant risks of		1-2. Assessment for legal guardianship for client #1 and #2 and pursuance for occur based on the assessed needs of  Additionally, QMRP will continue to e members are fully knowledgeable and rights of the clients. QMRP will also e documentation of information regardin		7/31/07	
	This STANDARD is not met as evider Based on observation, interview and review, the facility failed to ensure the each client and/or their legal guardian informed the client's medical condition developmental and behavioral status, risks of treatment, and the right to refute treatment, for two of the two clients (Client #2) included in the sample.			involve family members in the decision as well as ongoing measures (i.e., Hur Committee Reviews to discuss risk — ensure protection of their rights.  QMRP will continue to pursue securing as well as, guardianship resources thrift trust, courts and other applicable servindividual needs for each client. Docongoing efforts will be maintained in the Response to W124 continued on page	n making process man Rights vs- benefits) to  ng legal advocacy, ough the quality vices, based on the umentation of these the client records.		
	administration on a 9:55 AM revealed his seizure disorder Manager (HM) on review of the client March 2007 reveal Ability to assist with behaviors. Observand further intervise	the morning medication June 26, 2007 beginning at Client #1 received Trileptal for er. Interview with the House June 26, 2007 at 10:20 AM and t's Physician's Orders dated led that the client also received h managing exhibited vation throughout the survey ew with the HM revealed that illy received one to one staffing					

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/10/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G087 06/27/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 722 "L" STREET, NE SYMBRAL WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 124 Continued From page 4 W 124 support 24 hours a day. Continued Interview with the HM on June 26. 2007 at 10:20 AM revealed Client #1 had a W124 continued from page 4 Behavior Support Plan (BSP) that addressed 7/31/07 behavior related to sexual misconduct. The Client #1' and #2's psychotropic medication regimen will continue to be evaluated monthly by the psychiatrist and House Manager revealed that Client #1 did not psychiatric evaluations reviewed and updated per individual have a legal guardian and did not have the assessment and need. capacity to give informed consent for the use of his medications, habilitation services, treatments and financial matters. This was verified through review of Client #1's Psychological Evaluation dated July 22, 2006 on June 26, 2007 at 5:44 PM. According to the assessment, Client #1 was "not competent to make independent decisions..." At the time of the survey, the facility failed to provide evidence that Client #1's treatment needs, including the benefits and potential side effects associated with the medications, and the right to refuse treatment, had been explained to him and/or a legally authorized representative. 2. Observation of the morning medication administration on June 26, 2007 beginning at 9:55 AM revealed Client #2 received Hydrochlorothiazide 30 mg, Depakote 1000 mg, Calcarb with Vitamin D, Clonazepam 2 mg, Gabapentin 1200 mg, Keppra 1000 mg, Mirtazapine 15 mg and Phenytoin Sodium 100 mg. Interview with the nurse during the medication administration revealed that the Clonazepam and Mirtazapine were to assist with managing the client's behaviors. Continued interview with the HM on June 26. 2007 at 10:20 AM revealed Client #2 had a Behavlor Support Plan (BSP) that addressed

behavior related to non-compliance. The House

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G087	B. WING_		06/2	7/2007
NAME OF F	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP COI 722 "L" STREET, NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X8) COMPLETION DATE
W 124	Manager further revalegal guardian ho provide evidence the informed of the afocorresponding treat. At the time of the sprovide evidence the needs, including the effects associated right to refuse treat him and his legally 483.420(d)(1) STARCLIENTS	vealed that Client #1 did have wever, record review failed to leat his legal guardian was rementioned medications and iment services.  LIVEY, the facility failed to leat Client #2's treatment abenefits and potential side with the medications, and the ment, had been explained to authorized representative.  FF TREATMENT OF	W 124	W124 continued from page 4 & 5.  See responses on pages 4 and 5.		
	policies and proced mistreatment, negle mistreatment, negle This STANDARD is Based on interview failed to establish a ensured the health clients (Client #2) in The finding include  1. The facility failed management policy implemented in according in according program staff went	sect or abuse of the client.  s not met as evidenced by: and record review, the facility nd/or implement policies that and safety of one of the two scluded in the sample.		W149  1a & b. The Program Director will re agency's Policies and Procedures to identification, classification and handle following regulatory guidelines. Incident managed in accordance with DC regulatory chapter 35 Section 3519.10. Staff with the incident reporting procedures.	further address ing of incidents ents will be lation 22 DCMR	7/31/07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  (X2) PROVIDER/SUPPLIER/C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A, BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		09G087	B. WING		06/27/2007		
NAME OF F	ROVIDER OR SUPPLIER		722	ET ADDRESS, CITY, STATE, ZIP COD L"L" STREET, NE ASHINGTON, DC 20002		,,,,,	
(X4) ID PREFIX TAG	CACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 149	observed "physicall the door of [the day place asked by the day place asked worker was recording to the value and refused to the van and refused to talk with the returned to the van social worker. Representer the van bus ocial worker also decame "irate and Additionally, the social worker also decame "irate and Additionally, the social worker also decame "irate and Interview was cond Manager and Quality Professional (QMR 27, 2007 to ascertaincident and find our required notification Department of Heato be notified of all additionally, a copy management policy According to the po	y forcing [Client #2] to enter program]." Client #2 was rogram staff if he wanted to rogram staff if he wanted to rogram. Client #2 responded at time, the day program's notified.  If the incident report revealed ents were attached, one from aff that received the client at all one from the day program's worker. According to the day program staff, the driver closed the door and locked it wer any of the staff's of the social worker's that the social worker also a driver when the driver but the driver ignored the ortedly, Client #2 attempted to the driver refused. The documented that the driver hard to speak with."  Colaid worker reported that Client he time of the incident and the ewas "rising to 100 degrees."  Lucted with the facility's House fied Mental Retardation  P) on June 26, 2007 and June in information about the the facility's policy on as. Interview revealed that the late and the administrator were allegations of abuse, of the facility's incident was provided for review. Inc., "Allegations of abuse, thment are to be reported	W 149	W149 1a & b continued  Investigation of the incident involving Cli unusual incident report dated 8/6/2006 w by the QMRP. The report will be forwar by 7/31/07 containing as much informatic incident as possible considering the time	ll be conducted ded to DOH on relative to the	7/31/07	

PRINTED: 07/10/2007

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G087 06/27/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 722 "L" STREET, NE SYMBRAL WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION Ю (XF) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) W 149 Continued From page 7 W 149 immediately, and no later that eight (8) hours to the DOH..." At the time of the survey, the facility failed to ensure the Department of Health was notified of the aforementioned allegation of abuse. W149 1a & b continued. See responses on page #6 & #7. b. Continued review of the facility's incident. management policy on June 27, 2007 revealed that the provider was "responsible for initiating agency local investigations of all serious incidents..." The policy further indicated that final W149 #2 investigation reports would be distributed to the 7/31/07 2. The DON/Designated nurse will re-inservice the Department of Health, Additionally, the policy medication nurse on the agencies Incident Management and Management of Phamaceutical Preparation policies. documented that, "All investigations would be completed within (10) working days of the incident being reported...." At the time of the survey, the facility failed to provide evidence that the allegation of abuse was investigated. Furthermore, the facility falled to ensure its incident management policy had been developed to make certain investigation were completed within five working days as specified in the regulation. The facility failed to ensure its "Incident Management Policy" and its "Management of Pharmaceutical Preparation" were followed when medications were administered outside of the specified timeframe. Observation of the morning medication administration on June 26, 2007 revealed that the administration of medication was conducted by a licensed practical nurse beginning at 9:55 AM. Review of both Clients #1 and #2's Medication

Administration Records (MARs) revealed that the

scheduled for 7:00 AM. It should be noted that both Client #1 and #2 received including

morning medication administration was

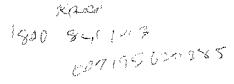
DEPART	MENT OF HEALTH	AND HUMAN SERVICES				PRINTED	: 07/10/2007 APPROVED
STATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES				OMB NO	. 0938-0391
AND PLAN OF	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER			SAE	EST ADDRESS OFFI	06/2	7/2007
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX.	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APP DEFICIENCY)	שמחוור	(X5) COMPLETION DATE
	was observed received Hydrochlor received Hydrochlor with Vitamin D. Clor Keppra, Mirtazapine Furter observation of nurse entered the famedication administine MARs, revealed for 7:00 PM.  Interview was conducted Mental June 26, 2007 at 5:3 medication administine managers, the title managers, the title manager furtile were supposed to be 8:00 AM. Additional revealed that the nurse Manager furtile were supposed to be 8:00 AM. Additional revealed that the nurse manager furtile supervisory licensed administering the matter the specified timefra supervisory licensed 2007 verified the Holand further verified to Holand further verified the Holand further verified to Holand further verified the Holand further verified to Holand	r seizure disorder. Client #1 ving Trileptal, and Client #2 rothiazide, Depakote, Calcarb nazepam, Gabepentin, e and Phenytoin Sodium.  on June 26, 2007 revealed the acility for the evening tration at 8:04 PM. Review of medications were scheduled  acted with the House Manager al Retardation Professional on 85 PM regarding the facility's ration policy. According to meframe for medications to some hour before through one fulled medication time. The her specified that medications e given between 6:00 AM and ly, the House Manager rse should have notified the	w -	149	The DON/Designated Nurse will further ens in-service training with the medication nurse consequential action as necessary and appr failure to adhere to medication administratic procedures. QMRP will provided training to staff to include procedures to follow in the Mediation nurse has not arrived within 30 m hour before/after after medication is schedu administered. Documentation of the training resonnel records and/or the staff training to personnel records and/or the staff training to the staff training training to the staff training training training training training training training	including opriate to the in policies and o Direct care event that the inutes of the 1 led to be g as well as any tained in the	7/31/07

FORM CMS-2567(02-99) Pravious Versions Obsolete

Event ID; 7WK011

Facility ID; 09G087

if continuation sheet Page 9 of 22



AND PLAN OF CORRECTION (X1) PROVIDEN/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G087	B. WIN	G		06/2	7/2007
NAME OF P	ROVIDER OR SUPPLIER NL		1	722	ET ADDRESS, CITY, STATE, ZIP COD 2 "L" STREET, NE ASHINGTON, DC 20002	<del></del>	
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	`	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD RE	(X5) COMPLETION DATE
W 149	- "When an incident an employee, mans incident report Forr the shift and be for Management Coord - "Incidents must be Additionally, review of Pharmaceutical the following:  - "Medications error reactions shall be in physician, charted and described in a Interview with the sinurse, the QMRP, and described in a Interview with the sinurse, the QMRP, and described in a later of the survey, physician or made report. Additionally time of the survey, physician or made regarding the later falled to provide evaluministered within accordance with 3. The facility faller of its medication of the administration on Jadministration of made of the administration of made of the administration of made of the administration of the administration of made of the administration of made of the administration of the administration of made of the administration of made of the administration o	t is witnessed or discovered by agement requirers that the mobe completed by the end of warded to the Incident dinator."  The reported immediately."  The facility's "Management Preparation" policy revealed are and untoward drug mmediately reported to the noteal on the nurse's notes, full incident report."  The House Manager on called that the nurse failed to cation errors on an incident the that the nurse notified the an entry into the nursing notes and called that medications were the specified time frames and facility policy.	W 1	49	W149 continued  3. The DON/Designated nurse will re-inmedication nurse on the instruction for the final state of wasted medication. Consequential act necessary and appropriate to the failure to medication administration policies and property of the final state.	ne disposition ion as o adhere to	7/31/07
	AM. During the me	edication administration Client vas observed to drop on the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER		7	EET ADDRESS, CITY, STATE, ZIP CODE 22 "L" STREET, NE VASHINGTON, DC 20002		77207
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XB) COMPLETION DATE
W 149	floor. The nurse we medication up and medication cabinet Clonazepam and a the client. After the concluded, the nurse discarded the medicated the medicapped Clonazepa sharps container.  Interview with the freeview of the facility Medication" policy	as observed to pick the place it on a shelf in the	W 149	W149 See responses to W149 on Page 10		
W 153	flushing it down the  - Write Incident rep  - Inform the pharm medication.  At the time of the s provide evidence it instruction from the Medication" policy 483.420(d)(2) STA CLIENTS  The facility must er mistreatment, neglinjuries of unknown immediately to the	ort for the wasted medication.  acy to replace the wasted  urvey, the facility falled to not the aforementioned "Disposition of Wasted had been completed. FF TREATMENT OF  Issure that all allegations of sect or abuse, as well as I source, are reported administrator or to other noce with State law through	. W 153	W153 See responses on next page (#12).		

	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE 5 COMPLI	
		09G087	B. WING		06/27/2007	
	NAME OF PROVIDER OR SUPPLIER  SYMBRAL			ET ADDRESS, CITY, STATE, ZIP 2 "L" STREET, NE ASHINGTON, DC 20002	CODE	
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W 153	Continued From p	age 11	W 153		·	
·	Based on interview failed to ensure all immediately report other officials in a one of the two cliesample.  The finding including the same of the two cliesamples in the finding including the same of the two cliesamples.	l incident reports on June 26,		W153 Reference responses to W149 1a 5	ъ <b>b</b> .	
	allegation of abus  1, 2006. According program staff were #2 upon arrival arrobserved "physical door of [the day program.")	revealed that there was an e involving Client #2 on August ing to the incident report, day into the lobby to receive Client and the client's driver was ally forcing [Client #2] to enter the rogram]." Client #2 was asked in staff if he wanted to remain at Client #2 responded by saying the day program's social worker				
	two witness state the day program the day program supervisory social statement from the returned to the valuestions. Review statement reveals tried to talk with the returned to the valuescial worker. Review social worker.	of the incident report revealed ments were attached, one from staff that received the client at and one from the day program's I worker. According to the se day program staff, the driver in, closed the door and locked it sewer any of the staff's w of the social worker's ed that the social worker also he driver when the driver in but the driver ignored the eportedly, Client #2 attempted to but the driver refused. The				

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) M A. BU)		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 153	became "irate and Additionally, the so #2 was outside at temperature outside at temperature outside and Interview was confused and Qua Professional (QMF 27, 2007 to ascert incident and find or required notification Department of Health to be notified. How the facility's administrational infacility's administrational the facility's administrational the solution of the facility's administrational the solution of the facility's administrational the solution of the facility as TACLIENTS.	documented that the driver hard to speak with." ocial worker reported that Client the time of the incident and the de was "rising to 100 degrees." ducted with the facility's House lifted Mental Retardation RP) on June 26, 2007 and June ain Information about the ut the facility's policy on ns. Interview revealed that the alth and the administrator were ever, at the time of the survey, provide evidence that the cident was reported to both the ator and the Department of . (See also W149).  FF TREATMENT OF	W 1		W153 Reference response to W149 1a & b.		
	Based on interview falled to provide exabuse were invest clients (Client #2). The finding include (Cross Refer W15 reports on June 26 that there was an a Client #2 on Augus aurvey, the facility	is not met as evidenced by: v and record review, the facility vidence that all allegations of igated, for one of the two included in the sample.  3) Review of unusual incident 3, 2007 at 10:45 AM revealed allegation of abuse involving of 1, 2006. At the time of the failed to provide evidence that buse had been investigated.			Reference response to W149 1a & b.		

STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A BUILDING	<u> </u>	COMPLE	TED
		09G087	B, WING		06/27/2007	
NAME OF P	ROVIDER OR SUPPLIER		72	EET ADDRESS, CITY, STATE, ZIP CODE 22 "L" STREET, NE (ASHINGTON, DC 20002	1 0012	112001
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W 155	CLIENTS	FF TREATMENT OF	W 155			
	The facility must pn while the investigati	event further potential abuse on is in progress.				
	Based on interview failed to provide evilustrated from furth allegation of abuse	s not met as evidenced by: and record review, the facility dence that clients were ler potential abuse while an was investigated, for one of nt #2) included in the sample.		W155 Reference response to W149 1a & b.		
	(Cross Refer W153 reports on June 26, that there was an a Client #2 on August the incident report of the driver. Interview facility's House Mar determine if the alle substantiated. Accuthe driver was termincident. At the time there was no evider investigated. Additionally that the systems we Client #2 was protestional.	Review of unusual incident 2007 at 10:45 AM revealed legation of abuse involving 1, 2006. Continued review of alled to identify the name of was conducted with the lager on June 26, 2007 to gation of abuse was ording to the House Manager, nated as a result of the cof the survey, however, noe that the incident had been onally, there was no evidence are implemented to ensure coted from further potential				
W 159	483.430(a) QUALIF	OFESSIONAL	W 159			
	integrated, coordina	treatment program must be ted and monitored by a ardation professional.		W159 See responses on next page (#15).		
ORM CMS-25	67(02-99) Pravious Vorsions	Obsolete Event ID: 7WW.01				

PRINTED: 07/10/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G087 06/27/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 722 "L" STREET, NE SYMBRAL WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **伊R甘戸は** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) W 159 Continued From page 14 W 159 This STANDARD is not met as evidenced by: Based on observation, interview and record W159 review, the facility's Qualified Mental Retardation Cross references response to W120 Professional (QMRP) failed to adequately Cross reference response to W227. monitor, integrate and coordinate each client's active treatment. The findings include: 1. The QMRP falled to ensure outside services met the needs of each client. (See W120) 2. The QMRP failed to ensure that the Client #1's individual program plan included objectives to address targeted behaviors. (See W227) W 189 483.430(e)(1) STAFF TRAINING PROGRAM W 189 The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively. efficiently, and competently. W189 1-2. Cross reference response to W149 1a b & 2. This STANDARD is not met as evidenced by: Based on Interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively. efficiently, and competently.

The finding includes:

1. The facility falled to provide evidence that staff were effectively trained on the facility's incident management policy. (See W149, 1 and 2)

The facility failed to ensure nursing staff were effectively trained on procedures to use when medications were administered outside the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE S	URVEY ETED	
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(X4) ID PREFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(XB) COMPLETION DATE	
W 189	specified timeframe  3. The facility failed effectively trained or policy. (See W149 483.440(c)(4) INDIVITATE individual programme indi	it is ensure nursing staff were in the madication destruction (a).  If to ensure nursing staff were in the madication destruction (a).  IDUAL PROGRAM PLAN ram plan states the specific ry to meet the client's needs, comprehensive assessment aph (c)(3) of this section.  In not met as evidenced by: and the record review, the ure that the Client #1's plan included objectives to ehaviors.	W 18	W189 continued  1-2. Cross reference response to W1-	49 2 and 3.		
	Physician's Orders that Client #1 receive managing exhibited throughout the survethe HM revealed the one to one staffing a distance) 24 hours a Client #1 had a Beh addressed behavior misconduct.  Review of Client #1' on June 27, 2007 at	s BSP dated August 1, 2006 5:46 PM revealed the plan behaviors of non-compliance, ropriate sexual					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/10/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B, WING. 09G087 06/27/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 722 "L" STREET, NE SYMBRAL WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) W 227 Continued From page 16 W 227 W227 continued behaviors/sexual suggestions. The plan 7/31/07 OMRP met with the Client #1's IDT on 7/9/07 and 7/16/07. The however, failed to incorporate written program BSP for Client #1 will be revised to include the necessity for 1:1 objectives designed to reduce the targeted supports in both the residential. A copy of the revised BSP will be submitted to and maintained on file in both settings. Staff in behaviors. Further review of the plan revealed a both settings will be trained on the BSP and the provision of 1:1 section entitled "Proactive Procedures for the supports for Client# 1. A copy of the training as well as the 1:1 specific duties will be kept in the staff training record and the Residence." Within that section, it was Daily program record for Client #1. documented that "staff will maintain close proximity and activity monitoring at all times." The plan did not document information regarding the one to one staffing support outside of the residence. It should be noted that on June 27, 2006 at 12:15 PM, Client #1 and his one to one staff were observed at the client's day program. W 255 483.440(f)(1)(i) PROGRAM MONITORING & W 255 CHANGE The individual program plan must be reviewed at See response to W255 on the next page (#18). least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to provide evidence that Individual Program Plans (IPP)s were reviewed and revised once the client had successfully completed an objective, for one of the two clients (Client #1) included in the sample. The finding includes: Review of Client #1's habilitation records on June

27, 2007 at 5:33 PM revealed the client had a Individual Support Plan (ISP) dated July 25, 2006. According to the ISP, the interdisciplinary team

67/10/2007 03:08 FAX 2024429430

AMENDED

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER.		tion .	.,	7	EET ADDRESS, CITY, STATE, ZIP CODE: 22 "L" STREET, NE. VASHINGTON, DC 20002.		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTO CROSS-REFERENCED TO THE APPROPERTY)	ULD BE	COMPLETION DATE
W 255	recommended the to be increase the clie dental hygiene skills and continued revieus fevealed that the clieblectives since July respectively. At the falled to ensure Clieblective.	ge 17 following program objective to the meal preparation and s. Interview with the OMRP w of Client #1's record tent had been completing the ty 2006 and August 2006, time of the survey, the facility ant #1's program objectives not be had achieved the OGRAM MONITORING &	W:	2 <b>55</b>	M255  An ISP meeting was held for Client #1 on 7/14 time new recommendations for goals and objectives have been put in place for Client#1. will review the progress on all goals and object monthly basis and revise/modify individual proneeded based on the Client's progress.	ctives were w goals and The QMRP tives on a	7/31/07- Ongoing
	monitor individual p inappropriate behaving the opinion of the client protection and This STANDARD In Based on interview failed to ensure that plan including the u	s not met as evidenced by: and record review, the facility Client #1's behavior support se of one to one stalling eviewed and approved by the			W262  The QMRP will present new and/or revised B HRC for approval/consent prior to the impler the new or revised BSP. Documentation of the meetings will be maintained in the HRC recon	nentation of HRC :	7/31/07- Ongoing
W 263	facility's available H meeting minutes da 2007 at 5:00 PM fai Client#1's behavior reviewed and appro Implementation.	MRP and review of the uman Rights Committee ted May 30, 2007 on June 27, led to provide evidence that support plan had been	W :	263	W263 See response to W263 on the next page (#19).		

07/10/2007 03:08 FAX 2024429430

HRA

AMENDED

Ø 022/033

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES	-		PRINTEI	): 07710/2007 (APPROVED
STATEMEN	TOR MEDICAKE TOR DEFICIENCIES OF CORRECTION	& MEDICAID-SERVICES (X1) PROVIDERUSUPPLIERUCUA IDENTIFICATION NUMBER:	(XZ) MUI	TIPLE CONSTRUCTION	OMB NE	) <u>. 0938-0391</u> SURVEY
<u>.                                    </u>		09G087	B. WING			
NAME OF PROVIDER OR SUPPLIER SYMBRAL			s	TREET AUDRESS, CITY, STATE, ZIP CODE 722 "L" STREET, NE WASHINGTON, DC 20002	<u>                                      </u>	27/2007
(XA) ID PREFIX TAG	KEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS REFERENCED TO THE APPR DEFICIENCY)	ÜLB B#	CORPECTION OATE
W 263	The committee shows are conducted only	uld insure that these programs with the written informed troavents of the client is a	W 26			
	review, the facility's (HRC) falled to ensu had been obtained for the legal guardian for the	not met as evidenced by:  In, Interview and record  Human Rights Committee  Ire written informed consent  rom the client and/or their  e use of behavior support  two clients (Clients #1 and  ample.		W263 Cross reference response to W124 and W262		7/31/07- Ongoing
	administration on Ju 9:55 AM revealed Ci 9:55 AM revealed Ci his seizure disorder: Manager (HM) on Ju review of the client's March 2007 revealed Ability to assist with rebehaviors. Observation of further interview Client #1 additionally support 24 hours a decontinued interview 2007 at 10:20 AM revealed apport Plesbavior Support Plesbavior Support Ples	e morning medication ne 26, 2007 beginning at lent #1 received Trileptation Interview with the House me 26, 2007 at 10:20 AM and Physician's Orders dated I that the client also received nanaging exhibited ion throughout the survey with the HM revealed that received one to one staffing ay. with the HM on June 26, realed Client #1 had a in (BSP) that addressed				
-   1   t   t	-lonse Manager reve nave a legal guardiar apacity to give infor nis medications, habi	exual misconduct. The aled that Client #1 did not and did not have the ned consent for the use of litation services, treatments. This was verified through			, , , , , , , , , , , , , , , , , , ,	

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	07/10/2007 APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		• •	OMB NO, 0938-0391 (X3) DATE SURVEY COMPLETED	
		D9GD87	B. WII	NG		08/2	7/2007
NAME OF P	ROVIDER OR SUPPLIER			STA	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/2	7/2007
SYMBRAL				7:	22 "L" STREET, NE NASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 263	Continued From pa		W	263			
	According to the as competent to make	s Psychological Evaluation on June 26, 2007 at 5:44 PM. sessment, Client #1 was "not independent decisions"			W263 continued Cross reference response to W124 and W262.		
	provide evidence the Committee had obt	urvey, the facility falled to at its Human Rights ained written informed consent #1's behavior support plan.		,			
	administration on Ja 9;55 AM revealed C Hydrochlorothlazida Calcarb with Vitami Gabapentin 1200 m Mirtazapine 15 mg mg. Interview with medication adminis	a 30 mg, Depakote 1000 mg, in D, Clonazepam 2 mg, ing, Keppra 1000 mg, and Phenytoin Sodium 100 the nurse during the tration revealed that the littazapine were to assist with					
	2007 at 10:20 AM n Behavior Support P behavior related to Manager further rev a legal guardian hor provide evidence th	with the HM on June 26, evealed Client #2 had a lan (BSP) that addressed non-compliance. The House realed that Client #1 did have wever, record review failed to at his legal guardian was rementioned medications and an.					
W 331	provide evidence the Committee had obt	urvey, the facility failed to at Its Human Rights ained written informed consent a#2's behavior support plan. IG SERVICES	W:	331	W331 Response to W331 on Page 21.		

	PRINTED: 07/10/2007 FORM APPROVED OMB NO. 0938-0391
(XZ) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
A BUILDING	COMPLETED
3. WING	
	06/27/2007
STREET ADDRESS, CITY, STATE, ZIP CODE 722 "L" STREET, NE WASHINGTON, DC 20002	

STATEMEN	T OF DEFICIENCIES	(Ys) indicate the control of the con	<del></del> -		OMB NO	0. 0938-0391
AND PLAN	OF CORRECTION	(X1) : PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(XZ) MU A. BUJL	ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		09G087	B. WING			
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	06/	27/2007
SYMBRA	AL .	_		722 "L" STREET, NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC	שם חזוני	(XS) COMPLETION DATE
W 331	Continued From pa	ge 20	W 3:	31		
	services in accorda	ovide clients with nursing nce with their needs.		W331  1. Cross reference response to W149 2. Cross reference response to W336.		
	review, the facility fa services in accorda	s not met as evidenced by: on, interview and record alled to provide nursing nce with the needs of two of nts #1 and #2) included in the				
	The finding includes	S.				
	to the facility's incide	sing services failed to adhere ent management and ion policy as outlined. (See				
W 335	2. The facility's nurs nursing Client #1 red assessment. (See \ 483.460(c)(3)(iii) NU	sing services failed to ensure ceived a quarterly nursing W336) IRSING SERVICES	W 33	16		
	review of their health	est include, for those clients ling a medical care plan, a n status which must be on a equent basis depending on		W336 See response to W336 on Page 22		
	failed to ensure that reviewed by the Reg quarterly or more fre	not met as evidenced by: and record review, the facility the health status was istered Nurse (RN) staff on a quent basis for one of the included in the sample.				
	The finding includes:					

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HRA

AMENDED

Ø 025/033

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES  & MEDICAID SERVICES				FORM	LAPPROVED	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(XI) PROMOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	OCH WILLIELE CONSTRUCTION			OMB NO. 0938-0391		
is and it assigns to whom the		A EURDING			COMPLETED.			
		09G087	B.WI	NG		ner	7/2007	
NAME OF PROVIDER OR SUPPLIER				STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 00/2	. F. ( 200 i	
SYMBRA	AL.		•	72	22 "L" STREET, NE		.,	
(DSA) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	jo	1 ,	WASHINGTON, DC 20002			
PREFIX TAG	REGULATORY OR FRE IDENTIFYING INFORMATION)			TX.	PROVIDERS PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEPICIENCY)	COMPLETION DATE		
W 335	Continued From pa	ge 21	M	335	A STATE OF THE STA			
	Practical Nurse (LP that the Registered quarterly nursing ex medical record on J revealed a quarterly January 20, 2007 w scheduled April 200 that the client's heal quarterly by the RN	Idility's supervisory Licensed N) on June 27, 2007 revealed Nurse (RN) should complete ams. Review of Client #1's une 27, 2007 at 1:41 PM mursing assessment dated ith the next quarterly 7. There was no evidence ith status had been reviewed as scheduled,		10 mm	W336  DON/Designated Nurse has completed the quareport for Client #1 and placed it on file in Client medical records. DON/Designated Nurse will e the clients health status is reviewed on a quarter evidence of the review s documented and maint in the Client's medical record.	ut #1's nasure that ly basis and	7/26/07-Ongo ing	
W 369	483,460(k)(2) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.		žýž 3	369	W369 Cross reference response to W149 #s 1 & 2.		7/31/07- Ongoing	
	Based on observation to the facility far medications were actions to clients in the sample.  The finding includes the facility failed to	Iministered without error, for (Clients#1 and #2) included						
						-		
						:		

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Health F	Regulation Administra	ation				FORM	APPROVED
IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI UPG087	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF F	ROVIDER OR SUPPLIER		STREET ADD	DESS CITY	STATE, ZIP CODE	06/2	7/2007
					PIAIE, ZIP CODE		
SYMBRA 	<del></del> -		WASHING	TON, DC 2	0002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	UID BE	(XS) COMPLETE DATE
R 000	INITIAL COMMENTS			R 000			
	26, 2007 through Ju sample of two residential population retardation and other the survey were base interviews with residential	ey was conducted from the 27, 2007. A rand ents was selected from of two males with er disabilities. The finated on observations, dents, one parent, stand administrative eports.	tom om a mental idings of				
R 125	criminal history of tr contract worker for in all jurisdictions w employee or contra	JND CHECK REQUITOUND check shall distend on the prospective employment (ithin which the prospect worker has worked even (7) years prior to	close the byes or 7) years, ective	R 125	R125-4701.5  Police clearances disclosing a seven year history o jurisdictions where employees resided have been o staff are on file.		7/16/07
	Based on the review failed to ensure crim disclosed the crimin employee or contracted seven (7) years, in a the prospective employee.	met as evidenced by vor records, the GH/ninal background che all history of any prosect worker for the prevall jurisdictions within ployee or contract worthin the seven (7) years	MRP ecks spective vious which orker has				
	The finding includes	i:					
ealth Reou	2007 at 6:58 PM rev to provide evidence background checks seven year history of	nnel records on June realed that the GHMI that ensured crimina were on file and disc of all the jurisdictions ad and worked for the	RP failed				